DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES **IMMUNIZATION PROGRAM**

BRIAN SCHWEITZER

JOAN MILES DIRECTOR

PHONE: (406) 444-5580 (406) 444-2920

GOVERNOR

COGSWELL BUILDING, ROOM C-211 HELENA, MONTANA 59620-0901

TO:

Private and Public VFC Providers

FROM:

Joyce E. Burgett, RN, MN, Program Manager Montana Immunization Program

DATE:

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SUBJECT:

Vaccines for Children (VFC) Program Eligibility Screening Requirements,

Vaccine Management Plan, and Monthly Vaccine Report Form

Vaccines for Children Program Eligibility Screening Requirements

As a part of the Vaccines for Children (VFC) Program, providers are required to screen for VFC eligibility. In addition, the screening documentation must be kept for three years.

By July 1, 2008, all VFC providers in Montana will need to use a Montana approved method for documenting screening of VFC eligibility. The three options include:

- Vaccine Eligibility Form
- Direct data entry into WIZRD, using inventory and selecting VFC eligibility prior to vaccine data entry
- A clinic computer generated report pre-approved by the MT Immunization Program

Vaccine Eligibility Form

The Vaccine Eligibility Form has two versions available. One version, which is available in a 2part form, will be used for documenting VFC screening as well as documenting all immunizations given by the clinic for entry into WIZRD by the local health department (replacing the Monthly Immunization Record). To request this 2-part form, please call 444-5580.

The second version of the Vaccine Eligibility Form is to just document VFC eligibility and doses administered to VFC-eligible patients. This is designed for clinics that have another method for submitting information to the local health department for entry into WIZRD. A copy of this version of the form as well as instructions on how to use both versions are included in this mailing and posted on our website at www.immunization.mt.gov.

Direct Data Entry into WIZRD

For those clinics that are or wish to enter data directly into WIZRD, this option may be selected for VFC screening documentation. In order for this option to work, when entering current (not historical immunizations) into WIZRD the Current Client VFC Eligibility Status must be correct and the doses taken out of inventory.

WIZRD will maintain these records in accordance with the documentation requirements. In addition, the VFC Provider Profile will be available to be generated in WIZRD (currently only in PHDS) in time for the 2009 annual profiles.

For questions about using WIZRD, please call 444-9539 or 444-5580.

Clinic Computer Generated Report

The third option available is for the clinic to use an internal computer report. This report must be submitted to the Montana Immunization Program and approved before it can be used for documenting screening of VFC eligibility. The clinic's internal report must meet the following criteria to be accepted.

- The report must be able to generate, for a defined period of time, a list of VFC-eligible children and the vaccines that each child received, by category Medicaid; No health insurance; American Indian/Alaska Native; and Underinsured (if the clinic is a FQHC or RHC).
- The report must count the number of VFC-eligible children who received immunizations, during a defined period of time. Regardless of the number of visits and immunizations received during the defined period of time, each child can only be counted once. The information must be broken down by category Medicaid; No health insurance; American Indian/Alaska Native; and Underinsured (if the clinic is a FQHC or RHC) and by age group under 1 year of age; 1 through 6 years of age; and 7 through 18 years of age. Or the report must allow for manual tallying of this information.
- If the clinic cannot run a report for all eligible categories, the clinic can use the report for one or more categories and then use the Vaccine Eligibility Form for the other categories. For example, if the clinic can run a report for the Medicaid patients, but not the other VFC categories, then the clinic can use the Vaccine Eligibility Form to track the No health insurance; American Indian/Alaska Native; and Underinsured (if the clinic is a FQHC or RHC).
- The report must be able to be run at the request of the Montana Department of Public Health and Human Services (DPHHS) or the US Department of Health and Human Services (DHHS), and for the annual VFC Provider Profile.

To use a clinic's computer report in place of the Vaccine Eligibility Form or direct data entry into WIZRD, please complete the request form and submit a copy of the report(s) to the MT Immunization Program for approval. One of the two other screening options must be used until a clinic's computer report is approved.

Montana Immunization Program staff will be discussing the VFC eligibility screening requirements during the clinic reviews. If you have any questions, please contact the Montana Immunization Program at 444-5580.

Vaccine Management Plan

By July 1, 2008, all VFC providers in Montana will need to have a Vaccine Management Plan in place. A Vaccine Management Plan details a number of elements needed to maintain an adequate and viable supply of vaccine. The Montana Immunization Program has developed a Vaccine Management Plan for our providers to use in their clinics. Please thoroughly review the enclosed plan, complete the information that needs to be filled in, and review the entire plan with all staff involved with immunizations. The completed plan should be placed in a binder that is accessible to all staff members. The Vaccine Management Plan is also posted on our website at www.immunization.mt.gov.

A separate insert to be included in the Vaccine Management Plan that includes your clinic's suggested inventory and ordering schedule will be mailed in May.

Monthly Vaccine Report Form

Effective May 1, 2008, the Montana Immunization Program has changed the Monthly Vaccine Report Form. The dose number will no longer need to be reported. The new form is included in the Appendix of the Vaccine Management Plan and can be found on our website at www.immunization.mt.gov. Please remember that regardless of the clinic's ordering schedule, i.e. monthly, bi-monthly, quarterly, the Monthly Vaccine Report Form is due to Home IV Pharmacy by the 5th of the following month, every month.

If you have any questions, please contact the Montana Immunization Program at 444-5580.